

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045892

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38 Primary Registration District No. 3006 Registrar's No. 928

<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Boone</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Columbia</u> Length of stay in 1b <u>5 Years</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) <u>Boone County Hospital</u> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u></p> <p>c. CITY OR TOWN <u>Columbia</u> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>109 West Broadway</u> Reside on Farm <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>3. NAME OF DECEASED</p> <p>First <u>VALENTINE</u> Middle <u>PORTER</u> Last <u>HOWE</u></p>		<p>4. DATE OF DEATH <u>December 25, 1962</u></p> <p>Month <u>December</u> Day <u>25</u> Year <u>1962</u></p>	
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>2-15-1869</u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Builder & Architect</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Builder & Architect</u></p>	
<p>11. BIRTHPLACE (City and state or country) <u>Paris, Kentucky</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>	
<p>13a. FATHER'S NAME <u>John B. Howe</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Mary Porter</u></p>	
<p>14. NAME OF HUSBAND OR WIFE <u>Elizabeth Langston</u></p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)</p>	
<p>16. INFORMANT <u>Mrs. Grant Irvine, Columbia, Mo.</u></p>		<p>17. ADDRESS</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Pneumonia</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Anemia, secondary, severe</u></p> <p>DUE TO (c) <u>Carcinoma of Lt. ear</u></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>		<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p><u>6 wks</u></p> <p><u>6 mos</u></p> <p><u>5 yrs</u></p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>		<p>20c. TIME OF INJURY Hour <u>6:00</u> a.m. <u>AM</u> Month, Day, Year <u>12/25/62</u></p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION <u>Columbia</u> COUNTY <u>Mo</u> STATE <u>Mo</u></p>		<p>21. I attended the deceased from <u>1959</u> to <u>12/25/62</u> and last saw her alive on <u>12/24/62</u></p>	
<p>22a. SIGNATURE <u>Richard MD.</u> (Degree or title)</p>		<p>22b. ADDRESS <u>Columbia Mo</u></p>	
<p>22c. DATE SIGNED <u>12/26/62</u></p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	
<p>23b. DATE <u>12-27-1962</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u></p>	
<p>23d. LOCATION (City, town, or county) <u>Columbia, Mo.</u> (State)</p>		<p>24. FUNERAL DIRECTOR <u>Parker Funeral Service, Columbia, Mo.</u> ADDRESS</p>	
<p>25. DATE RECD. BY LOCAL REG. <u>Dec 26 1962</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Mrs RE Palmer</u></p>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.